## 19<sup>TH</sup> JUDICIAL CIRCUIT VOLUNTEER APPLICATION

Name:			
(First)	(Middle)	(Last)	
Address:			
City, State:	Zip Code:		
Phone Number:	E-mail Address:		
What program would you	like to volunteer for:		
Why would you like to vol	unteer for this program?_		
How did you hear about th	is program?		
In case of emergency pleas	se contact:		
Relationship to Volunteer:	Phone	e Number:	
Have you ever worked as a	volunteer before? If yes,	, please describe:	
Do you have any relatives	who live locally that are w	vorking for the courts? Please list:	
How often can you contrib	ute to the program?		
Have you ever been convid	cted of or had a withhold o	of conviction for a Misdemeanor or a	
Felony? Yes ( ) No ( )			
If yes, when and what char	·ge?		
Have you ever observed or	had any experience with	the court system? If so, please	
explain:			
References:			
The community references	should be over twenty-on	ne years of age and should not be a	
relative.			
Community Reference #1			
Name:			
		Phone Number:	
Community Reference #2			
Nama			

Address:	Phone Number:	
correct to the best of my kn completed prior to becomin does not guarantee my become	ormation set forth in the above owledge. I understand that a leg a volunteer and that comploming a volunteer with the 19	background check must be etion of this application the Judicial Circuit.
	**************************************	
_	if Applicant is a Minor:se do not write below this	
Fo	r Court Administration Use On	ıly:
	Date	Initials
Community Reference #1 Verified		
Community Reference #2 Verified		
Background Check Completed		
Comments:		
Authorized by:		
Thomas A. Ge Trial Court Ac	8	
Letter Mailed to Volunteer:_		
Start Date:		
Date IT Notified:		
Date Court Administration B	adge Issued:	_
	Returned	